

Illuminate Hope Experience: Participant Release Waiver

By opening this package and participating in the Illuminate Hope Experience: I ASSUME ALL RISKS INVOLVED WITH THE EXPERIENCE AND EQUIPMENT.

I know and understand that releasing a lantern as a part of the Illuminate Hope Experience is a potentially hazardous activity. I certify that I am in good health and in physical condition to participate in this event. I assume all risks associated with the lantern experience, including the fire and burn risk and acknowledge it carries with it the potential for property loss, serious injury, or death. I also agree to obey all laws and governmental ordinances, including compliance with any burn bans and/or dry condition warnings. I also agree to adhere to directions given me by event officials as well as law enforcement and emergency personnel.

I acknowledge that releasing an illuminated lantern in this event carries additional potential risks, including but not limited to: falls and slips, injuries from contact with the fire, effects of weather, defective equipment, hazards posed by spectators or other Attendees.

I agree to monitor my health while participating in the Experience, and will withdraw from the Experience immediately and seek medical assistance if I believe continuing will present a risk to myself or others. I agree that I will fully inspect the area in which I release the lantern(s) before participating and agree to stop participating in the Experience if there are any hazardous situations. I agree to wear appropriate clothing and foot attire as established by common safety practices during the Experience. I acknowledge that I will not participate in the Experience while under the influence of alcohol or drugs, which could impair my ability to participate. I assume all liability for any and all medical expenses incurred as a result of participating in the Experience, including but not limited to: ambulance transportation, medical attention, medical treatment or services, hospital stays, physician and pharmaceutical goods and services.

In consideration of the acceptance of my participation, I hereby for myself, or anyone else who might claim on my behalf, waive, release, and discharge all companies involved with the organization of the Illuminate Hope Experience, including all sponsors, partners, and affiliates, of this event from any and all claims or liability of any kind or nature, save gross negligence, on the part of event organizers, sponsors, partners and affiliates.

Participant does hereby release and forever discharge Canopy Children's Solutions from any claim whatsoever which arises or may hereafter arise in connection with the Participant's activities with Illuminate Hope Experience.